

PLACE OF BIRTH

1. County of Gila
 District of _____
 Town of _____
 or _____
 City of Miami

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 154
 County Registrar No. 411
 Local Registrar No. _____

2. Full name of child

Esther Maurel

No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 St. _____ Ward _____

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

Female

To be answered ONLY
 in event of plural
 births.

4. Twin, triplet or other

6. Legitimate?

Yes

7. Date of birth Sept 18 27
 Month Day Year

5. No., in order of birth

8.

FATHER

Full name

Angel Maurel

9. Residence

(Usual place of abode)

If non-resident, give place and state.

210 Depot Hill
Miami Arizona

10. Color or race

Mexican11. Age at last birthday 23 (Years)

12. Birthplace (city or place)

(State or country)

Mexico

13. Occupation

Nature of industry

Miner

14.

MOTHER

Full maiden name

Ramona Miranda

15. Residence

(Usual place of abode)

If non-resident, give place and state.

210 Depot Hill
Miami Arizona

16. Color or race

Mexican17. Age at last birthday 19 (Years)

18. Birthplace (city or place)

(State or country)

Mexico

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein
 certified and including this child.)

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn.)

at 9:31 A.M. on the date above stated

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

E. D. Schreiner M.D.

Address

Miami Arizona

(Physician or midwife).

Given name added from
 a supplemental report.

Month, day, year

Filed Sept 20, 1927

Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

543-918-944